REMARKS/ARGUMENTS

Reconsideration of the above-identified patent application in view of the amendments above and the remarks following is respectfully requested.

Claims 18-28 are in this case. Claim 23 has been rejected under § 112, second paragraph. Claims 18-28 have been rejected under § 103(a). Claims 18 and 23 are currently amended.

The claims are drawn to a computer-aided method for improving a user's emotional state in which the computer system generates a recommended course of action for improving the user's emotional state based on inputted personal emotional data by the user.

Request for Continued Examination (RCE)

It should be noted that the current response is filed after a final rejection in the context of an RCE. The Examiner is respectfully requested to enter the enclosed amendments and consider the accompanying comments and arguments.

§ 112, Second Paragraph Rejections

The Examiner has stated that Claim 23 is rejected as being indefinite for failing to particularly point out and distinctly claim the subject matter that the applicant regards as the invention in that the expression "said representation of rating" lacks antecedent basis. This claim has been currently amended by replacing the expression "said representation of rating" with the expression "said happiness-index" as appearing in claim 18 from which it is dependent. It is believed that the above-mentioned deficiency has been corrected.

§ 103(a) Rejections-Blair et al. '665

The Examiner has rejected dependent Claims 18-28 under § 103(a) as being unpatentable over Snyder 4,931,934 in view of Blair 6,108,665. The Examiner states that:

"Snyder discloses the claimed limitations, but does not explicitly disclose, providing a recommendation fro the improvement of the user's emotional state based on said happiness-index. However, Blair teaches providing a recommendation for the improvement of the user's emotion state based on said happiness- index (col. 10, lines 37-47). Therefore is would have been obvious to one of ordinary skill in the art at the time of the invention was made to modify the invention of Snyder in view of Blair by initiating a diagnosis and recommendation plan after collecting the patient's date in order to suggest and recommend the most suitable treatment plant to the patient based on the data analysis."

In order to expedite the prosecution, Applicant has amended independent Claim 18 to more clearly to accentuate the distinctive feature of the present invention. Support for the amendments of 18c are found on pages 5 and 6, lines 138-169 and support for amendments 18d are found in the Specification pages 6 and 7, lines 171-191 of the present invention

Blair, on the other hand, teaches a system that displays a treatment plan that has been previously prescribed and entered into the system by a medical professional for each patient as may be seen in the following highlighted excerpts:

Abstract

"A system and method for collecting behavioral health care data for a patient include a mechanism for creating an evaluation instrument from a database of questions having linked answers thereto. New questions can also be entered into the database, along with a user-defined branching logic dependent upon the patient's answer to the question. Patient answers that are numerically scaleable can be displayed graphically against time over a plurality of sessions and also against indicia labeled for values representing a predetermined goal and a value determined upon an initial evaluation, for tracking patient progress."

Summary Of The Invention

"It is therefore an object of the present invention to provide a behavior a health care optimization system and method **for integrating patient chart, previous treatment, and treatment plan information**, thereby minimizing requirements for human interaction."

Col. 3, 51-55

"**The host system also includes means for tracking treatment plans and maintaining patient records.** The host system also includes a database of provider profiles for use in recommending a therapist to a client based on selected criteria such as geographical location and area(s) of specialization."

Col 5, lines 44-50

"Typically the patient is then assigned to a therapist at step 804, who makes an initial behavioral diagnosis during a session using a table housed in the computer database that comprises the DSM codes. **The therapist also rates the severity of the problem and enters a goal rating and a therapy treatment plan aimed at achieving that goal into the patient's electronic chart at step 805."**

Col 9, lines 53-62

"The treatment plan for a patient may be viewed or a new plan created by clicking on the appropriate icon 532 on the Patient Master window 52 (FIG. 4), which brings up the Treatment Plan window 58, shown containing an exemplary treatment plan box 581 in FIG. 9. **When a plan is first created, by clicking on the Add button 588, a new case window appears, into which should be entered case information and additional demographic information and comments as desired.** A provider can be assigned to the case by selecting one from a provider list."

Col 10, lines 1-8

> "**In order to assign a plan element to the treatment plan, the Add button 588 is clicked on the Treatment Plan window,** which brings up a list of Provider Plan Items 59 that have been approved for the chosen provider, an exemplary list being illustrated in FIG. 10. Clicking on one of these items brings up the associated screen; for example, selecting the "Medications" option 591 brings up the associated window 54 (FIG. 5).

Col. 10, lines 53-56

> "**The therapist should also determine if a new element is needed in the treatment plan (step 835), and add it if needed (step 836); if an element should be edited (step 837), this should be performed (step 838).** Finally, the problem(s) should be evaluated at step 813."

In view of the above-cited excerpts, it is clear that Blair is teaching a system that displays treatment plans prescribed and entered into the system database by medical personnel. There is no hint or suggestion of generating a recommended course of action for the improvement of the patient's emotional health in an automated manner.

The excerpt quoted by the Examiner, when understood in view of the general approach of the application, is also referring to displaying treatment plans prescribed by health personal as may be seen below:

Col. 10, lines 37-47

> "Once the patient demographic data and treatment plan are resident in the provider computer 32, treatment can be initiated. A flowchart of an exemplary course of treatment is illustrated in FIG. 11, which expands upon step 812 of FIG. 1.
>
> In step 811, the therapist looks up the patient's electronic chart, from which the treatment plan is looked up in step 830. The treatment plan (FIGS. 9 and 10) may include such features as a diagnosis, recommended medication, and a determination of level of care (e.g., outpatient), problem(s), behavior(s), therapy variables, tests, and questionnaires."

The Examiner's stated in regards to Glenn, *"...Glenn clearly teaches a system/method that analyzes patient data and provide the results of the analysis in the from of reports, as stated, "The data from the patient is analyzed and reports are displayed and printed (step 207)....".* Applicant asserts that the "analysis" disclosed by Glenn is a longitudinal analysis of inputted data for the sake of assisting medical personal identify trends when prescribing medication as is evident from the following Title of Invention and highlighted excerpts:

Title of Invention

System And Method For Longitudinal Analysis Of Mood Disorders

Abstract

In a computer system having a storage device, a method for gathering clinical data useful in the clinical analysis and treatment of mood disorders. The method includes such steps as displaying a main menu including a multiplicity of icons depicting inquiries to be answered by a patient; and, storing the patient's answers to the inquiries as clinical data generated on a regular basis by the patient. The method further includes selecting a point on a scale depicting the patient's current mood; selecting a sleep icon for updating sleep data; and, selecting a medication icon for updating type and amount of medication taken. The present invention is also capable of creating longitudinal charts and statistics based on selections made by a patient over a given period of time.

Summary of the Invention

"**The present invention is a system and method for providing immediate longitudinal analysis of patient data to assist clinicians with treatment of mood disorders....** Clinicians can obtain both descriptive charts and statistical analyses of all collected patient data in the administrative system."

Claim 23

"A program storage medium encoded with machine-readable computer program code for recording clinical data using a computer, which data is useful in the analysis and treatment of mood disorders, when the program code is executed by said computer, the computer performs the steps of: a. displaying a main menu including a multiplicity of icons for selection by a patient; b. selecting a point on a mood scale ranging from depressed to manic in order to update mood data; c. selecting a sleep icon based on the number of hours asleep and the number of hours in bed and not asleep for updating sleep data; d. **selecting a medication icon and updating the medication dosage taken;** and, e. relaying said recorded clinical data to an attending physician."

Claim 25

"**A method for creating a combined longitudinal chart of clinical data received from a patient using a computer system, which data is useful in the clinical analysis and treatment of mood disorders,** said method comprising the steps of: a. plotting a first graph of said patient's

mood for each day based upon a selection by said patient of a point on a mood scale ranging from depressed to manic; b. plotting a second graph of said patient's sleep pattern for each day based upon a selection by said patient of a sleep icon; and c. **plotting a third graph of medication taken by said patient by selecting an icon indicative of the medication dosage taken each day."**

Claim 26

"**A method for aggregating longitudinal clinical data received from patients using a computer system, which data is useful in the clinical analysis and treatment of mood disorders,** said method comprising the steps of: a. for each patient submitting clinical data, plotting a first graph of said patient's mood for each day based upon a selection by said patient of a point on a mood scale ranging from depressed to manic, thereby forming an overlay of first graphs for each patient; b. for each patient submitting clinical data, plotting a second graph of said patient's sleep pattern for each day based upon a selection by said patient of a sleep icon, thereby forming an overlay of second graphs for each patient; and c. for each patient submitting clinical data, plotting a third graph of medication taken by said patient by selecting an icon indicative of the medication dosage taken each day, thereby forming an overlay of third graphs for each patient."

In view of the above excerpts dealing with the actual treatment of the patient, Applicant asserts that there is no hint or suggestion of an automated generation of a recommended course of action for the patient as claimed in the present invention.

In light of the above remarks and amendments, amended independent Claim 18 and dependent Claims 19-28 depending therefrom, Applicant asserts that the current application is in a state of allowance and therefore a timely Notice of Allowance is respectfully solicited.

Respectfully submitted,

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